U.S. Pepartment of Labor Office Labo Janagement Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amerided. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	RE
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25/70	2. Fiscal Year Covered From :
	01 / 01 / 2:05 Through: 12 / 31 / 2:05
3. Name and acdress of person filing.	4. Name, file number, and accress of labor organization.
Name William B Sullivan	Name Machin sta -AFL-CIO-LL 2452
	Labor Organization File Number 069-575
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 180 I.65 Service Road	Street 770 Lauren Ferny Rd.
city CRecia	City Leroy
State QL ZIP Code +4 36525	State QL ZIP Code +4 36548
5. Position in labor organization.	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is active y seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest Trar saction, or Income.	
Name Olin Corp	Training on Grievances	
Trade Name, if any: つしい	Training on Grievances Niagara Salls, My.	
P.O. Box, Bldg., Room No., if any P.O. Roy 28		
	7.b. Arnount.	
Street		
City McIntosh	867.11	
State QL ZIP Code +4 36.553		

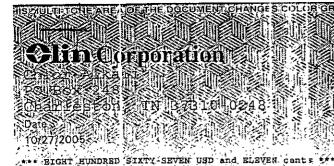
Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

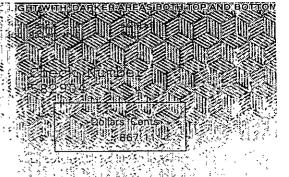
Signed William Balutin

on 03-24-00

25 1-709-6901 Telephone Number



PAY TO THE ORDER OF William B. Sullivan Olin Corporation P.C. Box 28 MCINTOSH, AL 36553



w chimmbole

#582904# (20531015614 2079900400603#

l**in** Corporation

Chlor-Alkali PO Box 248 Charleston, TN 37310-0248

10/27/2005 Vendor No. E417256717 Page 1 OF 1

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Invoice Amount Discount Net Amount Invoice Dat : Invoice Amount Discount Net Amount Invoice ER10/11-14 Date 10/27/2005 867.11 0.00 867.11 867.11 0.00 867.11 Total:

EXPENSE REPORT: PERIOD 10/11 10/14 From: To: 5510010 58061 William B. Sullivan DEPT NAME: DIV/LOC: Mointosh ACCT CNTR PROJ# 100 MEALS Maintenance %: 417-25-6717 5510010 SOCIAL SECURITY NUMBER: ACCT CNTR PROJ#. % \$203.79 BUSINESS PURPOSE OF TRIP 5510010 CNTR: PROJ#: Interest Based Bargaining Training Niagara Fall, NY ACCT: %: TRANS-TOTAL DATE CITY AND STATE PORTATION MEALS (INCLUDING TIPS) ENTER-PERSONAL AUTO OTHER EXPENSES EXPENSE WHERE EXPENSE LODGING TAINMENT (AIR, RAIL, BUS (Col. 1 thru 8) Mo./Day WAS INCURRED CAR RENTAL BRKFST LUNCH DINNER MILES AMOUNT DESCRIPTION AMOUNT Mobile/Niagara Falls 18.43 Parking Fee 10.50 u 215.53 10/11 XXX 181.44 5.16 38 XXX 181.44 24.57 206.01 10/12 Niagara Falls Gas for Rental Car 10/13 Niagara Falis XXX 181.44 20.79 Toll Fee 10/13 & 10/14 (2) 1.50 203.73 78.55 10/14 Niagara Falls/Atlanta/Mobile XXX 57.10 42.19 Airport Parking (2) 64.00 241.84 XXX XXX Rooms for W. Sullivan XXX Carrie Davidson & Wilbert Dixon XXX \overline{XXX} XXX XXX XXX, XXX \overline{XXX} $7\overline{x}xx$ XXX XXX XXX XXX XXX XXX See Details of Transportation below TOTALS 544,32 77.89 47.35 78.55 38 18.43 100.57 867.11 ADD NET COMPANY CAR **DETAILS OF TRANSPORTATION** COST OF EXPENSE PER OC 2 ATTACHED TICKET TYPE TRANSPORTATION DATE PREVIOUSLY \$867.11 FROM AND TO OF TOTAL TOTAL EXPENSES THIS REPORT REIMBURSED (Alr. Rail, Bus TICKET CURRENT ADVANCE CK# Y or N Car Rental) Air LESS TEMPORARY ADVANCE: Air Air \$867.11 BALANCE DUE Employee Air COMMENTS/NOTES: XXX XXX XXX Car XXX XXX XXX Car XXX \overline{XXX} Rail/Bus XXX TOTALS DEBIT ACCOUNT NO AMOUNT CREDIT ACCOUNT NO AMOUNT 5510010 663,32 FOR Travel VCCOUNTING 5510030 203.79 Travel Meals 5520010 USE Entertainment 5640010 ONLY Telecom. 5030010 Supplies 5635010 Postage 5530010 OC1-PC-REV.07/02 KSC Dues & Memb AUDITED BY: DATE: **BALANCE DUE** 203.79 DETAILS OF BUSINESS MEALS OR ENTERTAINMENT PLACE NAME, OCCUPATION AND BUSINESS ASSOCIATION BUSINESS PURPOSE DATE TYPE OF EXPENDITURE OR DIRECT BUSINESS BENEFIT AMOUNT (Name and Address) (I.e. Dinner, Theater OF PERSONS ATTENDING Mo./Day lickets, etc.) \$177.84 19/14 Atlanta, GA W. Sullivan, Wilbert Dixon, Carrie Davidson Interest Based Training Lunch/Dinner